

AUTO CR - LOG SUMMARY #1052302

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved members responded to a battery in progress call from a Nursing Home. It is reported that the male subject, [REDACTED], suffered from Schizophrenia refused to take to medication and engaged in physical altercations with Staff members at the Nursing home. It is reported that the male subject refused numerous commands from the involved members, balled his fists, began swinging them towards the involved members, while stating in an aggressive manner, "Fuck you, take me to Dixon!" It is reported that the male subject lunged at P.O. Kellinger #9705 and that he discharged his taser in order to subdue the subject in order to prevent any harm to himself, the subject, the staff members, residents of the home, and other responding officers. It is reported that this ending in negative results, and that P.O. Ho #7995, discharged his taser in order to subdue the subject, which also ended with negative results. It is reported that P.O. Ho #7995 discharged his taser a second time by performing a drive stun, in that the involved members were able to subdue the subject and transport him to the hospital for medical assistant and a psychological evaluation.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	AMATI, MARK A		[REDACTED]	024 / 020	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
03-MAR-2012 11:00 - 03-MAR-2012 11:00	5547 N KENMORE AVE, CHICAGO, IL 60660	2023	020	268 - NURSING HOME/RETIREMENT HOME	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	HO, JONATHAN H		[REDACTED]	020 /	POLICE OFFICER	M	API		
CPD Employee	Involved Member	KELLINGER, ROBERT R	9705	[REDACTED]	020 /	POLICE OFFICER	M	API		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-MAR-2012 04:50	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-MAR-2012 04:50	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-MAR-2012 12:57	TILLMAN, PAULA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-MAR-2012 11:01	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	04-MAR-2012 09:47	HEARD, LORRAINE	POLICE AIDE	716 / 113	
PRELIMINARY	04-MAR-2012 09:45	HEARD, LORRAINE	POLICE AIDE	716 / 113	
PRELIMINARY	04-MAR-2012 09:45	HEARD, LORRAINE	POLICE AIDE	716 / 113	
PRELIMINARY	04-MAR-2012 01:49	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT AMATI Emp No. [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GONZALEZ, JORGE	04-MAR-2012 01:49			
1	DOCUMENTS - INTAKE INCIDENT		2	X00-553272	N	HEARD, LORRAINE	04-MAR-2012 09:09	APPROVED		
2	DOCUMENTS - INTAKE INCIDENT		2	X00-022154	N	HEARD, LORRAINE	04-MAR-2012 09:10	APPROVED		
3	DOCUMENTS - INTAKE INCIDENT		2	P.O. Ho #7995 Discharged Taser	N	HEARD, LORRAINE	04-MAR-2012 09:11	APPROVED		
4	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED] Agg. Assault to Police Officer	N	HEARD, LORRAINE	04-MAR-2012 09:21	APPROVED		
4	DOCUMENTS - INTAKE INCIDENT		2	P.O. KELLINGER #9705	N	HEARD, LORRAINE	04-MAR-2012 09:12	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 04-MAR-2012) - LOG #1052302

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	AMATI, MARK A			024 / 020	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
03-MAR-2012 11:00 - 03-MAR-2012 11:00	5547 N KENMORE AVE, CHICAGO, IL 60660	2023	020	268 - NURSING HOME/RETIREMENT HOME	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	04-MAR-2012 01:49	GONZALEZ, JORGE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-MAR-2012 04:50	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-MAR-2012 04:50	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	04-MAR-2012 12:57	TILLMAN, PAULA	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	04-MAR-2012 11:01	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	04-MAR-2012 09:47	HEARD, LORRAINE	POLICE AIDE	716 / 113	
PRELIMINARY	04-MAR-2012 09:45	HEARD, LORRAINE	POLICE AIDE	716 / 113	
PRELIMINARY	04-MAR-2012 09:45	HEARD, LORRAINE	POLICE AIDE	716 / 113	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	04-MAR-2012 01:49	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY LT AMATI Emp No. [REDACTED]



PROTECT LIFE

TASER Information		Downloaded By	
Serial #	X00-553272	Name	Mark Amati
Model #	X26	Dept	CPD - 020
X26 Software Version	22	Rank	Lieutenant
Dataport CD Version	17.9	Windows Version	Windows XP
Record Date Range	03/03/2012 - 03/03/2012	Report Generated	03/04/12 00:13:32 (local)
Computer Time Zone	Central Standard Time *DST		
Using Daylight Savings Time	Yes		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/26/10 17:35:48	10/26/10 12:35:48	Old Time		
0003	10/26/10 17:35:48	10/26/10 12:35:48	New Time		
0004	03/04/12 03:22:12	03/03/12 21:22:12	1	25	31
0005	03/04/12 05:00:53	03/03/12 23:00:53	5	25	31
0006	03/04/12 05:00:59	03/03/12 23:00:59	5	25	31
0007	03/04/12 05:01:23	03/03/12 23:01:23	5	27	30
0008	03/04/12 05:01:34	03/03/12 23:01:34	5	27	30
0009	03/04/12 05:01:45	03/03/12 23:01:45	5	28	29
0010	03/04/12 05:01:56	03/03/12 23:01:56	5	28	29
0011	03/04/12 05:02:08	03/03/12 23:02:08	5	29	29
0012	03/04/12 05:02:15	03/03/12 23:02:15	5	29	28
0013	03/04/12 05:02:24	03/03/12 23:02:24	5	30	28
0014	03/04/12 05:02:59	03/03/12 23:02:59	5	30	27

about:blank

3/4/2012

0015	03/04/12 05:03:56	03/03/12 23:03:56	5	32	27
0016	03/04/12 05:04:02	03/03/12 23:04:02	5	32	27
0017	03/04/12 05:04:08	03/03/12 23:04:08	5	32	26
0018	03/04/12 05:04:16	03/03/12 23:04:16	5	33	26
0019	03/04/12 05:04:29	03/03/12 23:04:29	5	33	26
0020	03/04/12 05:04:56	03/03/12 23:04:56	5	33	25
0021	03/04/12 05:05:03	03/03/12 23:05:03	5	33	25
0022	03/04/12 05:05:09	03/03/12 23:05:09	5	34	24
0023	03/04/12 05:05:17	03/03/12 23:05:17	4	34	24
0024	03/04/12 06:22:51	03/04/12 00:22:51	Old Time		
0025	03/04/12 06:12:30	03/04/12 00:12:30	New Time		

End of Report.



TASER Information		Downloaded By	
Serial #	X00-022154	Name	Mark Amati
Model #	X26	Dept	CPD - 020
X26 Software Version	22	Rank	Lieutenant
Dataport CD Version	17.9	Windows Version	Windows XP
Record Date Range	03/03/2012 - 03/03/2012	Report Generated	03/04/12 00:20:27 (local)
Computer Time Zone	Central Standard Time *DST		
Using Daylight Savings Time	Yes		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	02/08/05 16:20:11	02/08/05 10:20:11	Old Time		
0002	02/08/05 16:20:11	02/08/05 10:20:11	New Time		
0003	03/06/06 19:02:36	03/06/06 13:02:36	Old Time		
0004	03/06/06 19:14:52	03/06/06 13:14:52	New Time		
0005	05/04/00 00:17:56	05/03/00 19:17:56	Old Time		
0006	08/22/06 14:56:25	08/22/06 09:56:25	New Time		
0007	07/24/07 15:52:36	07/24/07 10:52:36	Old Time		
0008	07/24/07 16:07:34	07/24/07 11:07:34	New Time		
0009	02/08/08 14:39:54	02/08/08 08:39:54	Old Time		
0010	02/08/08 14:28:39	02/08/08 08:28:39	New Time		
0011	04/05/08 15:58:48	04/05/08 10:58:48	Old Time		
0012	04/05/08 16:13:36	04/05/08 11:13:36	New Time		
0013	04/05/08 16:22:42	04/05/08 11:22:42	Old Time		
0014	04/05/08 16:08:31	04/05/08 11:08:31	New Time		

0015	01/12/11 15:07:18	01/12/11 09:07:18	Old Time			
0016	01/12/11 14:57:09	01/12/11 08:57:09	New Time			
0017	01/10/12 14:14:55	01/10/12 08:14:55	Old Time			
0018	01/10/12 14:04:46	01/10/12 08:04:46	New Time			
0019	03/04/12 03:14:02	03/03/12 21:14:02	2	25	94	
0020	03/04/12 04:52:16	03/03/12 22:52:16	5	28	94	
0021	03/04/12 04:52:23	03/03/12 22:52:23	5	28	94	
0022	03/04/12 04:52:31	03/03/12 22:52:31	5	29	94	
0023	03/04/12 04:52:40	03/03/12 22:52:40	5	29	93	
0024	03/04/12 04:52:49	03/03/12 22:52:49	5	30	93	
0025	03/04/12 04:53:01	03/03/12 22:53:01	5	30	92	
0026	03/04/12 04:53:11	03/03/12 22:53:11	5	30	92	
0027	03/04/12 04:53:22	03/03/12 22:53:22	5	30	92	
0028	03/04/12 04:53:32	03/03/12 22:53:32	5	30	91	
0029	03/04/12 04:53:44	03/03/12 22:53:44	5	31	91	
0030	03/04/12 04:53:52	03/03/12 22:53:52	5	31	90	
0031	03/04/12 04:54:38	03/03/12 22:54:38	5	32	90	

End of Report.

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 03-MAR-2012		TIME 23:00:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 2023								
	5 POSITION 9161		6 LAST NAME HO		7 FIRST NAME JONATHAN H		8 STAR NO 7995		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE API		11 AGE [REDACTED]		12 HT 511		13 WT 225		
	14 DATE OF APPT 25-OCT-2004		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 020 2033R		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 600		27 WT 180				
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? RADUIZZA		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
	36 CHARGES PLACED [REDACTED]				<input type="checkbox"/> DNA				37 CB NO [REDACTED]				IR NO [REDACTED]				<input type="checkbox"/> DNA		
REASON FOR USE OF FORCE (Check all that apply)	38 <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE						
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____								
MEMBER'S RESPONSE			MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____								
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40 ADDITIONAL INFORMATION HIGHLY COMBATIVE MENTAL SUBJECT. ADDITIONAL CARTRIDGE NUMBER T90-2317 141. BATON DEPLOYED														
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]														
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input checked="" type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR										
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]												
CASE INFO.	49 TASER DART ID NO T03-155654		50 WEAPON SERIAL No (Include Letters) X00-553272		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]										
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]										
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) [REDACTED]		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]								
	65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]										
SIGNATURES	72		NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report												
	73 REPORTING MEMBER (Print Name) HO, JONATHAN H		STAR/EMPLOYEE NO 7995		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAR-2012 03:03:50		TIME 04-MAR-2012 03:05:15										
	74 REVIEWING SUPERVISOR (Print Name) MC LOUGHLIN, NEAL M		STAR NO 1027		SIGNATURE [REDACTED]		DATE REVIEWED 04-MAR-2012 03:05:15		TIME 04-MAR-2012 03:05:15										

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was transported to [REDACTED] for mental evaluation and committal directly from the scene and R/Lt was unable to interview

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, it is the preliminary determination of the undersigned that Officer Ho acted in compliance with Department policy. Officer Ho used appropriate force to control and apprehend a subject that was threatening to batter the responding officers.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1052302 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

AMATI, MARK A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

04-MAR-2012 03:13:38

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

4

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 03-MAR-2012		TIME 23:00:00		2 ADDRESS OF OCCURRENCE 5547 N KENMORE AVE CHICAGO, IL 60660			3 LOCATION CODE 290		4 BEAT/OCCUR 2023								
	5 POSITION 9161		6 LAST NAME KELLINGER		7 FIRST NAME ROBERT R		8 STAR NO 9705		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE API		11 AGE [REDACTED]		12 HT 511		13 WT 163	
	14 DATE OF APPT 29-APR-2002		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 020 2023R		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 600		27 WT 180			
SUBJECT INFORMATION	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT), MOUTH (SPIT, BITE, ETC), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34 BY WHOM? RAZIUDDIA		35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
	36 CHARGES PLACED [REDACTED]										37 CB NO <input type="checkbox"/> DNA		IR NO <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38 <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE													
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>							
			OTHER _____		OTHER _____				OTHER _____		OTHER _____							
			MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
			VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____							
			ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
			WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>													
			ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>													
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>														
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>														
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>														
		OTHER _____		OTHER _____														
WEAPON DISCHARGE INCIDENT	40 ADDITIONAL INFORMATION SUBJECT HIGHLY COMBATIVE MENTAL.																	
	POSITION		STAR NO		UNIT													
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR									
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE											
	49 TASER DART ID NO C3100AF61		50 WEAPON SERIAL No (Include Letters) X00-022154		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO									
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED									
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT															
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																
CASE INFO.	72		NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report															
SIGNATURES	73 REPORTING MEMBER (Print Name) KELLINGER, ROBERT R		STAR/EMPLOYEE NO 9705		SIGNATURE [REDACTED]													
	04-MAR-2012 03:01:27		[REDACTED]		[REDACTED]													
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																		
74 REVIEWING SUPERVISOR (Print Name) MC LOUGHLIN, NEAL M		STAR NO 1027		SIGNATURE [REDACTED]														
				DATE REVIEWED 04-MAR-2012 03:05:52														
				TIME 04-MAR-2012 03:05:52														

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was transported to [REDACTED] for mental evaluation and committal directly from the scene and R/Lt was unable to interview

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, it is the preliminary determination of the undersigned that Officer Kellinger acted in compliance with Department policy. Officer Kellinger used appropriate force to control and apprehend a subject that was threatening to batter the responding officers.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1052302 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

AMATI, MARK A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

04-MAR-2012 03:14:39

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

4

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

RD #: [REDACTED]
Case ID: [REDACTED]
EVENT #: [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0554 - Assault - Agg Po Hands No/Min Injury		
	Occurrence Location: [REDACTED]	Beat: 2023	Unit Assigned: 2033R RO Arrival Date: 03 March 2012 22:44
	Occurrence Date: 03 March 2012 22:41		# Offenders: 1

NON-OFFENDER(S)	COMPLAINANT - Individual		
	Name: [REDACTED]	Demographics	
	Res: [REDACTED]	Beat: 2023	Male Black DOB: [REDACTED] Age: 58 Years
	CPD Officer:		
	Other Communications and Availability		
Business Phone : [REDACTED]			

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: MIZONES, Robert	Demographics	
	5400 N Lincoln Ave Chicago, Illinois 312 - 742 - 8714 Police Officer - Chicago	Beat: 2011	Male White Age: 51 Years
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: HO, Jonathan	Demographics	
	5400 N Lincoln Ave Chicago, Illinois 312 - 742 - 8714 Police Officer - Chicago	Beat: 2011	Male Asian/Pacific Islander Age: 31 Years
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: STRZECHOWSKI, Lawrence		
	5400 N Lincoln Ave Chicago, Illinois 312 - 742 - 8714	Beat: 2011	
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer



NON-OFFENDER(S)

Name: **GIBSON, Martin**
5400 N Lincoln Ave
Chicago, Illinois
312 - 742 - 8714
Beat: 2011
Sobriety: Sober
CPD Officer: Yes

VICTIM - Individual**Police Officer**

Name: **KELLINGER, Robert**
5400 N Lincoln Ave
Chicago, Illinois
312 - 742 - 8714
Beat: 2011
Sobriety: Sober
CPD Officer: Yes

INJURY(S)

Injury Info (MIZONES,Robert - Victim)

Injured BY offender Extent: Minor

Hospita [REDACTED]

Physician Name: DR. RAZIUDDIA

<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Other	Other	Other - None

Injury Info (GIBSON,Martin - Victim)

Injured BY offender Extent: Minor

Hospita [REDACTED]

Physician Name: DR. RAZIUDDIA

<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Other	Other	Other - None

Injury Info (KELLINGER,Robert - Victim)

Injured BY offender Extent: Minor

Hospital: [REDACTED]

Physician Name: DR. RAZIUDDIA

<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Other	Other	Other - None

Injury Info (STRZECHOWSKI,Lawrence - Victim)

Injured BY offender

<u>Type</u>	<u>Weapon Used</u>	<u>Other Weapon Used</u>
Laceration	Other	Other - None

SUSPECT(S)

SUSPECT(S)	Suspect # 1	
	Name: [REDACTED] Res: [REDACTED] Beat: 2023	Demographics Male Black 6'00, 180 lbs , Brown Eyes Black Hair Braids Hair Style Medium Brown Complexion DOB: [REDACTED] Age: 34 years

RELATIONSHIP	Victim	Relationship	Offender
MIZONES, Robert	(Victim)	is a No Relationship of	(Offender)
HO, Jonathan	(Victim)	is a No Relationship of	(Offender)
STRZECHOWSKI, Lawrence	(Victim)	is a No Relationship of	(Offender)
GIBSON, Martin	(Victim)	is a No Relationship of	(Offender)
KELLINGER, Robert	(Victim)	is a No Relationship of	(Offender)

OTHER
Miscellaneous Victim Information Provided Flash Message Sent ? No

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Star #	Name
	Notification	116	Deployment Operations Center	04 March 01:30	3445	GONZALEZ,
			Other Notifications May Be In Narrative.			
	Notification		O.E.M.C.	03 March 23:30		MORAN,

NARRATIVES
<p>IN SUMMARY R/O'S RESPONDED TO AN OEMC DISPATCHED CALL OF A BATTERY IN PROGRESS AT SAID LOCATION (BRYN MAWR CARE). UPON ARRIVAL R/O'S WERE MET BY THE NURSE [REDACTED] (COMPLAINANT). HE RELATED THAT [REDACTED] (OFFENDER) WAS FIGHTING WITH ANOTHER NURSING HOME RESIDENT. THE [REDACTED] (COMPLAINANT) RELATED THAT THE OFFENDER WAS SCHIZOPHRENIC AND OFF OF HIS MEDICATIONS. THE NURSING HOME STAFF ATTEMPTED TO CALM [REDACTED] (OFFENDER) DOWN, AT WHICH TIME THE OFFENDER BECAME ENRAGED AND STARTED THROWING CHAIRS ACROSS THE ROOM, THERE BY PLACING RESIDENCE AND STAFFIN PHYSICAL HARM. THE [REDACTED] (COMPLAINANT) THEN CALLED 911 FOR HELP. R/O'S GAVE [REDACTED] (OFFENDER) NUMEROUS VERBAL COMMANDS. OFFENDER THEN BALLED UP HIS FISTS AND STARTED SWINGING AT R/O'S AND THEN STATED "FUCK YOU, TAKE ME BACK TO DIXON!" ASSAILANT LUNGED AT OFFICERS. R/O KELLINGER DEPLOYED TASER INORDER TO CONTROL OFFENDER. P.O. KELLINGER DID NOT GET DESIRED RESULTS FROM TASER DEPLOYMENT. R/O HO THEN DEPLOYED TASER IN ORDER TO CONTROL OFFENDER, DID NOT GET DESIRED RESULTS, THEN DEPLOYED A SECOND CARTRIDGE. R/O THEN PERFORMED DRIVE STUN AND USED BATON TO CONTROL OFFENDER. R/O MIZONES ALSO USED BATON TO CONTROL OFFENDER. DEPLOYED TASER IN ACCORDANCE WITH DEPARTMENT DIRECTIVES AND WAS ABLE TO PLACE SUBJECT UNDER CONTROL FOR SUBSEQUENT REMOVAL ON SIGNED PETITION TO [REDACTED] FOR FURTHER TREATMENT. SEVERAL R/O'S WERE THEN TREATED AND RELEASED AT [REDACTED] FOR INJURIES SUSTAINED. N THEN PLACED INTO CUSTODY. TRANSPORTED BY BEAT 2011R TO [REDACTED] TO HAVE PRONGS REMOVED, AND ADMITTED FOR PSYCHIATRIC/MENTAL HEALTH EVALUATION. DUE TO OFFENDER BEING ADMITTED TO WEISS, NO CHARGES PENDING AT THIS TIME.</p> <p>NOTIFICATION: SERGEANT JAMES STUBBE Beat#: 2030R Star#: 2659 Emp#: Date: 03-MAR-2012 Time: 2251 ONS NOTIFICATION: LIEUTENANT AMATI Beat#: 2090 Star#: 448 Emp#: Date: 03-MAR-2012 Time: 2330 NOT NOTIFICATION: SERGEANT NEAL MC LOUGHLIN Beat#: 2020R Star#: 1027 Emp#: Date: 03-MAR-2012 Time: 2251 ONS NOTIFICATION: SERGEANT LAWRENCE STRZECHOWSKI Beat#: 2020 Star#: 1550 Emp#: Date: 03-MAR-2012 Time: 2251</p>

NARRATIVES

ONS
REPORTING OFFICER - STAR#: 9705 NAME: ROBERT KELLINGER BEAT: 2023R
REPORTING OFFICER - STAR#: 13806 NAME: MARTIN GIBSON BEAT: 2023R
ASSISTING OFFICER - STAR#: 7995 NAME: JONATHAN HO BEAT: 2033R
ASSISTING OFFICER - STAR#: 19299 NAME: ROBERT MIZONES BEAT: 2033R
TRANSPORT OFFICER - STAR#: 17405 NAME: JAVIER RAMONES BEAT: 2011R
TRANSPORT OFFICER - STAR#: 19645 NAME: SCOTT WHITE BEAT: 2011R
SUPERVISOR ON SCENE - STAR#: 2659 NAME: JAMES STUBBE BEAT: 2030R
SUPERVISOR ON SCENE - STAR#: 1027 NAME: NEAL MC LOUGHLIN BEAT: 2020R
SUPERVISOR ON SCENE - STAR#: 1550 NAME: LAWRENCE STRZECOWSKI BEAT: 2020
OTHER SUPPORT - STAR#: 12775 NAME: LISA DECKER BEAT: 5831

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	7995		HO, Jonathan, H		04 Mar 2012 03:39	020	2033R

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
HO	0554	Assault - Agg Po Hands No/Min Injury	
MIZONES	0554	Assault - Agg Po Hands No/Min Injury	
GIBSON	0554	Assault - Agg Po Hands No/Min Injury	
KELLINGER	0554	Assault - Agg Po Hands No/Min Injury	
STRZECOWSKI	0554	Assault - Agg Po Hands No/Min Injury	